

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		The Friends of Tim Beveridge					
Street Address		4114 Harvard Rd					
City	Erie	State	PA	Zip Code	16509		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/24/2017	11/27/2017	
A. Amount Brought Forward From Last Report	\$	2,044.12	<p style="text-align: center;">2017 NOV 27 PM 2:46 ERIE COUNTY VOTER REGISTRATION KA</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	615	
C. Total Funds Available (Sum of Lines A and B)	\$	2,659.12	
D. Total Expenditures (From Schedule III)	\$	2,050.33	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	608.79	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

27th day of November 2017
 Kimberly S. Alexander
 Signature

My Commission expires 10 31 2019
 COMMONWEALTH OF PENNSYLVANIA DAY YR.

Peter T. Benoit
 Signature of Person Submitting Report
 PETER T. BENOIT
 Printed Name
 16505 Area Code
 814-456-0835 Daytime Telephone Number

NOTARIAL SEAL

Kimberly S. Alexander, Notary Public, Candidate's Authorized Committee, candidate shall sign here.

City of Erie, Erie County, I swear to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as

My Commission Expires Oct. 31, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Sworn to and subscribed before me this

27th day of November 2017
 Kimberly S. Alexander
 Signature

My Commission expires 10 31 2019
 MO. DAY YR.

Timothy S. Beveridge
 Signature of Candidate
 TIMOTHY S. BEVERIDGE
 Printed Name
 814 Area Code
 434-4902 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Kimberly S. Alexander, Notary Public

City of Erie, Erie County

My Commission Expires Oct. 31, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 290
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	325
All Other Contributions (Part B)		\$	0
Total for the reporting period		(2)	\$ 615
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period		(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	0

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	100
Michael Mischler					10/28/2017			
House #	4722	Street Address	4722 Oakbark Court			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	125
Craig Costello					11/01/2017			
House #	6665	Street Address	6665 Manchester Farms Rd			Date [MM/DD/YYYY]	\$	
City	Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	100
Andy's Equipment					11/02/2017			
House #	1926	Street Address	1926 Liberty St			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Tim Beveridge				Date [MM/DD/YYYY]	\$	128.74
						10/30/2017		
House #	4114	Street Address	4114 Harvard Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Reimbursement ward walkers lunch		
To Whom Paid		Comm to Elect Carl Anderson				Date [MM/DD/YYYY]	\$	50
						10/30/2017		
House #	3038	Street Address	3830 Parade ST Blvd.			Description of Expenditure		
City	Erie	State	PA	Zip Code	16504	Donation		
To Whom Paid		Jennifer Beveridge				Date [MM/DD/YYYY]	\$	132.05
						11/03/2017		
House #	4114	Street Address	4114 Harvard Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Reimbursement for shirts		
To Whom Paid		Jennifer Beveridge				Date [MM/DD/YYYY]	\$	90.24
						11/04/2017		
House #	4114	Street Address	4114 Harvard Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Reimbursement for giveaways		
To Whom Paid		Schwebels Baking Co.				Date [MM/DD/YYYY]	\$	139.8
						10/31/2017		
House #	8275	Street Address	8275 Perry Hwy.			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Giveaways		
To Whom Paid		Tim Beveridge				Date [MM/DD/YYYY]	\$	50
						11/19/2017		
House #	4114	Street Address	4114 Harvard Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Reimbursement for Meet and Greet food trays		
To Whom Paid		Jennifer Beveridge				Date [MM/DD/YYYY]	\$	100
						11/10/2017		
House #	4114	Street Address	4114 Harvard Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Reimbursement for Facebook Advertising		
To Whom Paid		VFW Post 470				Date [MM/DD/YYYY]	\$	1,336.7
						11/08/2017		
House #	1808	Street Address	1808 W 26th St.			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Victory party food & beverages		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Jennifer Beveridge				Date [MM/DD/YYYY]		\$		22.8	
		11/20/2017									
House #		Street Address		4114 Harvard Rd		Description of Expenditure					
City		State		Zip Code		Reimbursement Thank You cards					
4114		PA		16509							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address				Description of Expenditure					
City		State		Zip Code							